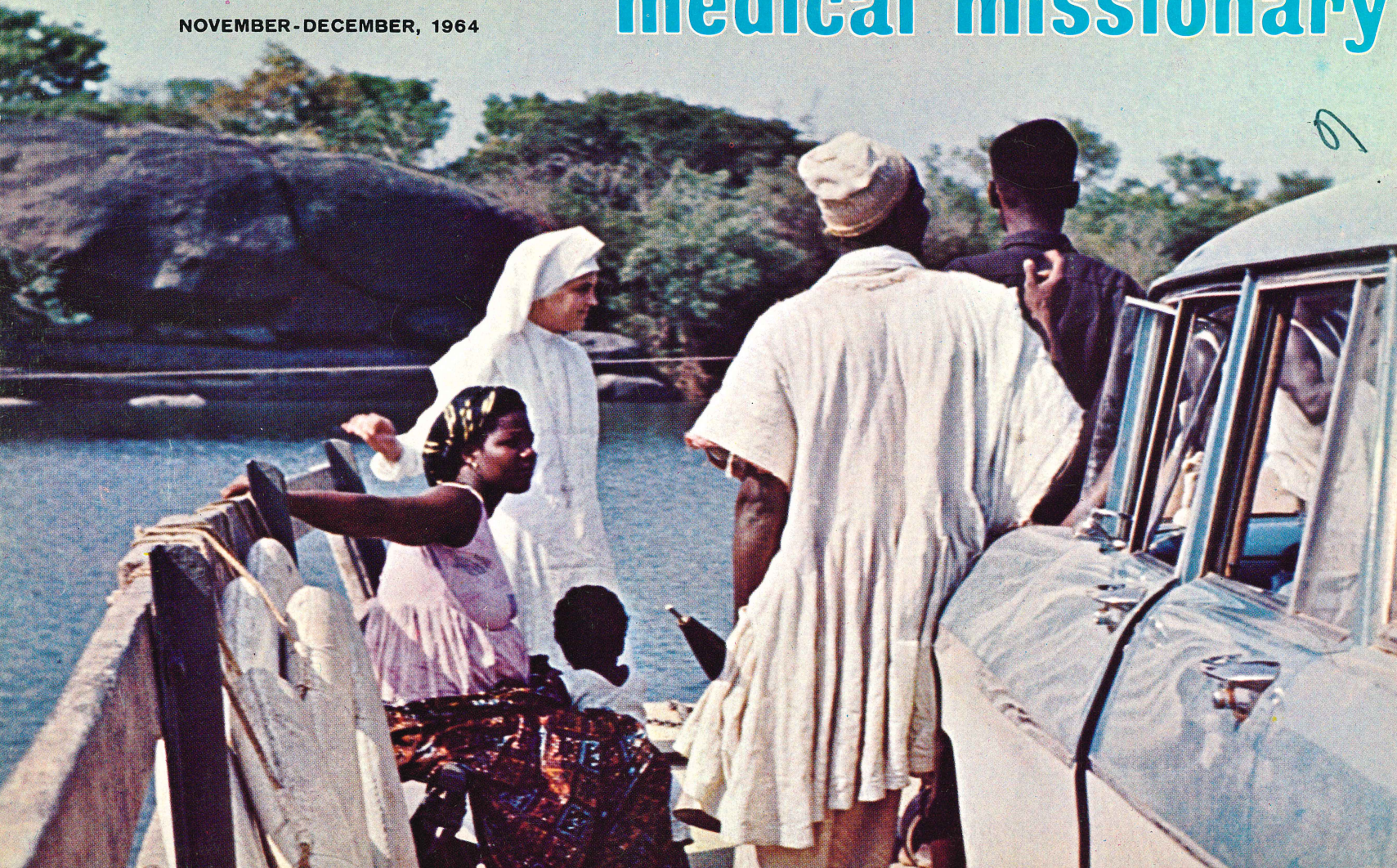
NOVEMBER-DECEMBER, 1964

medical missionary



Advent-Christmas

Advent is the season of the Lord's coming. The great cry goes up: COME LORD JESUS! Every person, each situation calls out for Christ. All history, the whole world has a mighty need for Him; this season gives the need a voice. But the Lord proportions His coming to our readiness. We must work, work hard to smooth all the rough places: poverty, injustice, illness, ignorance, the whole gamut of obstacles around us and within us. When longing has opened us completely, when effort has readied our world, then He will COME, and His coming will leave nothing to be desired. But as long as one man stands in need: hungry, cold, persecuted . . . the Lord has not fully come.

Sr. M. Lawrence, S.C.M.M.

THE medical missionary

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Go to the people
Live among them
Learn from them
Love them
Serve them
Plan with them
Start with what they know
Build on what they have

Africa for the Africans

This old Chinese proverb which Ghana's Kwame Nkrumah has often given as advice to his Party followers, might well be taken as a creed for those who would give their attention today to Africa's burning problem, rural development.

In the past, before the Independence movement, the attempts and schemes, mostly carried out by Colonial powers, to probe Africa's wealth of resources, to develop the continent's potential, had as their main objective the betterment of non-Africans. Foreign business proprietors grew wealthy; cocoa, rubber and diamonds appeared on foreign markets. That the local people themselves and their land should advance, develop and grow was not of major concern.

Today, development on the African continent, particularly in rural areas, has a completely different character. Since the cry "Africa for the Africans" has sounded, since each newly-emerging country in turn is seeking to jump on the 20th century bandwagon, development is measured in terms of how these Ghanaians, here and now, in this village or bush station, are being advanced; how this piece of Uganda farmland is being enriched; how this village water supply is being purified and made more accessible; how disease and malnutrition are being cut down in this area. Development is no longer something brought from the outside for outsiders but rather, a ferment within the community itself to improve, learn more, live healthier, enjoy increased benefits.

We in the comfortable West may question the urgency of it all –why the great rush? But if our circumstances were like theirs, would we wait? When we know that three out of every four people in tropical Africa still depend directly on the land for a living, are rural communities; that in home after home and village after village malaria, kwashiorkor, tuberculosis, malnutrition, still take a shocking toll of lives each year; that infant mortality rates are still appallingly high and many children handicapped from birth; can we wonder that Africans are in a hurry to bring about drastic change?

The Medical Mission Sisters feel they are in a position to make a vital contribution to the development of rural Africa today. In their hospitals situated miles inland from the coastal big cities, their public health programs reaching out into even more remote areas, their weekly leprosy treks taking them right to the very homes and fields of their patients, their safaris into the hills and valleys of western Uganda, making medical care available for the thousands of isolated farming families, they are touching a key element in the total task of rural development.

for EacH a meaning

by Sister M. Camillus

Women wearing splashy prints, carrying sleepy babies on their backs; men, children and chatter galore; all crowd a certain path in Berekum each morning. The sign that introduces the path reads "Holy Family Dispensary."

From 150-200 out-patients, each accompanied by one or two relatives, converge daily on the dispensary building, situated on the outskirts of the hospital compound. The people fill the waiting room and verandas and overflow to an open structure lined with benches. One can count on a "drama" on every bench when they are filled with waiting patients. There are sellers of iced kenke and bread, and it is only with difficulty that we convince Ghana's enterprising businessmen to set up their "chop bars" (snack shops) elsewhere.

Some 60 miles further in the bush, the scene at Holy Family Hospital, Techiman, is similar. Techiman's Out-Patient Department served 40,000 patients last year. On Friday morning, market day in Techiman, we can expect as many as 300 patients.

What do these two dispensaries in the middle of Ghana's bush mean? Let us begin by saying, that it isn't easy to convey. There is nothing comparable in the States. It is hard to imagine this kind of clinic. There is such variety of people, tribes and diseases. There is so much severe dysentery, malaria, TB, meningitis and elephantiasis; so many thin, pot-bellied children with red-tinged hair, victims of Kwashiorkor—endless, obvious need.

For some of those who come, these dispensaries mean the difference between life and death. For all who come, they mean a step forward towards health and learning how to preserve it.

For the Sisters and their Ghanaian co-workers who admit, examine, treat and dispense medicine to all these patients, the OPD means (to put it mildly) busy mornings every day of the week, mornings full of contact with their people and the satisfaction of meeting a real need.

For the Sister-doctor, it means being "all things to all men." It means a wide range of challenges. It means diagnosing and prescribing, encouraging, and exhorting some patients to be admitted to the hospital for intensive treatment or surgery.

For the Sister-pharmacist it means compounding mixtures you would buy in pretty boxes here, and pouring them into clean coke bottles. It means dispensing medicines to the endless succession of faces, each unique, each asking for something more than medicine, that appear at her window. It means patiently explaining directions, telling some that this medicine and native medicine "don't mix" and that they should stick to one or the other. Too often the effect of the medicine received at the hospital is offset by native medicine, but once they have had an experience of scientific treatment, chances are good that they will not return to the medicine man.

For the Sister-midwives, morning dispensary means deepening acquaintances with ante-natal patients as they come for successive visits on successive pregnancies. It means many small victories of medical realism over superstition. Her daily work in the dispensary is a large part of what is behind the saying so often heard among the people: "Holy Family babies don't die."

For the nurses it means giving injections with a deftness that can hardly help but come with so much experience. Popular myth has it that injections are all-powerful and everyone and his brother wants one. The temperature-taking process is speeded up by introducing a note of community participation. It is not an unfamiliar sight to see a row

of mammies with children across their knees, "bottoms-up" and a thermometer protruding from each.

For Ghana, too, as a young nation keenly interested in a strong public health emphasis, these dispensaries have meaning. The hospital and OPD work hand in hand and together render a complete medical service: the hospitals in depth and the Out-Patient Department in breadth.

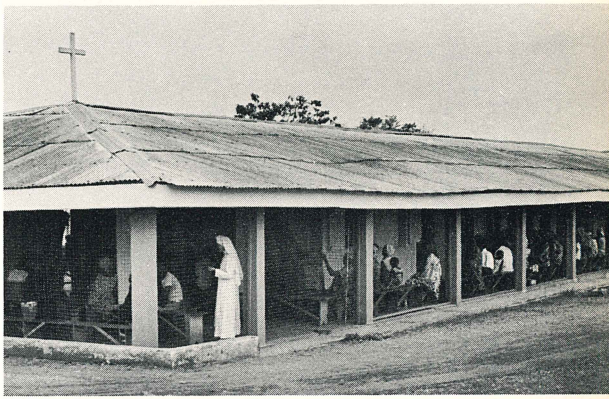
Berekum and Techiman both serve an area about 100 miles in diameter, and their repercussions in terms of public health are felt that far. This is true especially in Techiman, where so many people come from the North of Ghana.

Techiman is on the trunk road that lies between Kumasi and the North of Ghana. The trip from the North to Kumasi takes four or five days. The trunk road is hardly a turnpike and Techiman's "Zongo" is hardly a motel, but the tradition of tribal hospitality means a welcome for these travelers from the North among their fellow-tribesmen and lodging free of charge. The "Zongo" is an area on the outskirts of the town where the Lagosians, Dagartes, Moshies, and Sesala, the tribes from Ghana's North, have settled. Actually, Holy Family Hospital is in the "Zongo."

Since there are no other hospitals northside of Techiman in the Brong-Ahafo Region, many of the patients come in critically ill after a long trip in a mammy lorry over the dusty red roads. Women with toxemia of pregnancy who just make it, or with a ruptured uterus who die enroute after a fifty mile bumpy ride, men who have walked great distances in spite of extreme weakness, are not unusual.

Too many come too late. Often the hospital is a last resort after several trials of native medicine. One has to watch carefully to pick out those who

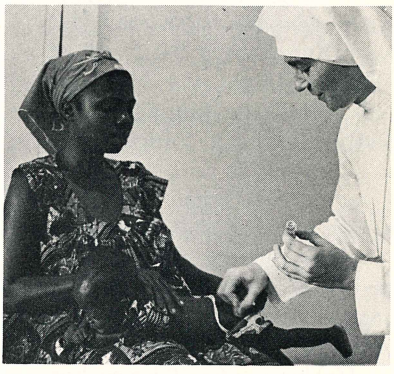
A busy path in Berekum.



Waiting patients from a variety of tribes fill Techiman's Out-Patient Department.

Every morning the verandahs are crowded to overflowing.

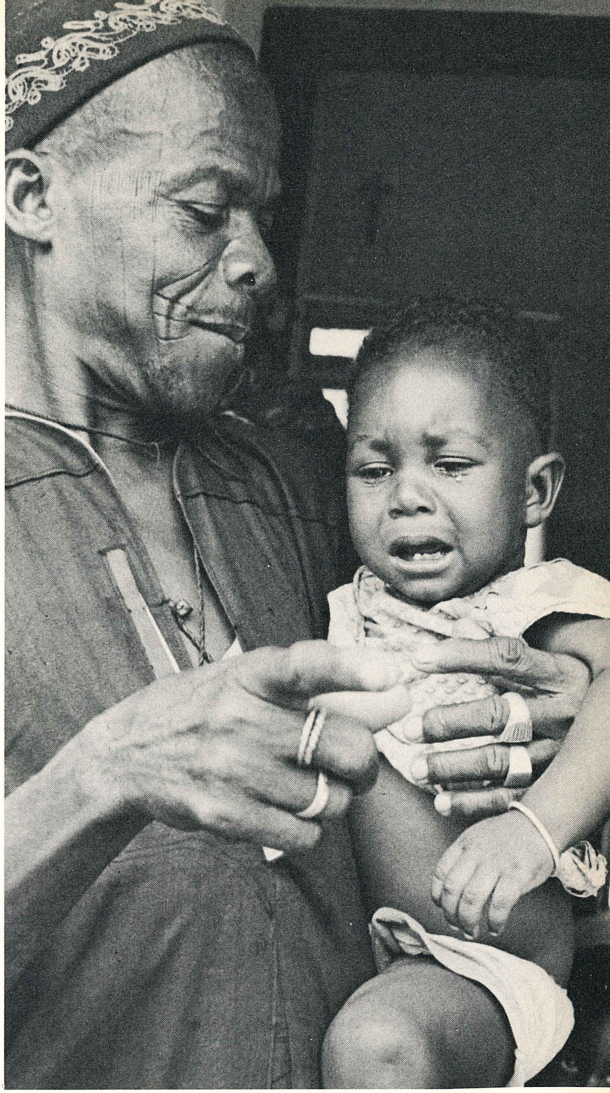
A drama on every bench.



Giving injections with a deftness that comes from long experience.

Sister M. Marcella doing a spinal tap to test for meningitis. The baby did have it.

Children carried to the clinic by their fathers are often critically ill.



An endless succession of patients appear at the pharmacy window.

This malnourished little fellow has the red-tinged hair that is symptomatic of Kwashiorkor.

are the sickest. For not everyone who comes can be seen in a morning. Limiting the number of patients is the Sisters' hardest job.

How do all these people hear about the hospital and its clinic? Mostly by word of mouth, the "bamboo telegraph." Actually the effects of the clinics are their best advertisement. A dramatic cure is invariably followed by a throng at the OPD.

Many of the patients are old friends. I remember thinking as I looked at the dispensary ticket of a boy, the son of one of our employees, with about 20 recorded visits to the OPD, that quite a few of his illnesses would certainly have proven fatal were it not for the presence of Holy Family Hospital in the middle of the Ghanaian bush.

We are encouraged by the fact that there is an increasing number of patients coming who are not acutely ill. Those who have had surgery are among these. They are good about coming for check-ups when they are told. Obstetrical clinic grows constantly in popularity, responding as it does to such an obvious need. Both the pre-natal and post-natal care are keenly appreciated. Once a mother has a child at Holy Family, she is anxious to come for all following deliveries.

Public health instruction is a natural result of the work in the clinics. It is, in fact, one of the most far-reaching services they render. The effects of the teaching efforts at the dispensary reach far beyond the formal situation, because people love to repeat what was said at the hospital back in the village. Mothers and fathers repeat to many other mothers and fathers the secret of their success in "bringing up Junior."

On Wednesdays a nutrition team comes from the Public Health Department in Sunyani for our obstetrical clinic. They give lively lessons in Twi on how to prepare a proper diet for women during pregnancy, using familiar Ghanaian foods: liver, cocoa yam, peanut soup, plantain, etc. Lack of food is not Ghana's problem. What is lacking is the knowledge of how to balance a diet.

The women are equally appreciative of the classes after delivery on proper care of the baby. One of them said triumphantly that now she could put granny in her place, because she herself knows what to do!

In their own interesting idiom, the people ask good questions. They are eager for instructions in public health. "What food does this disease not like?"

It takes some linguistic creativity to be a good on-the-spot teacher in the clinic. Tell a woman to "boil the water" and she returns a polite but blank stare. Tell her "the water is too strong and gives the baby diarrhea unless it is cooked," and the message comes through.

If these two dispensaries have a meaning to the Sisters and staff who work in them, to the people who come to them and to Ghana as a young nation struggling to meet its public needs, does this meaning come through? Yes, I think so. Medical care is a language Ghanaians understand. It communicates to our people better than words ever could, our friendship and genuine concern.

YOUR WILL +

Your will can help the Medical Mission Sisters bring Christlike charity through their medical work to areas of greatest need around the world. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $_____ for its purposes,"

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

By Sister M. Raphael

LONG TRIP NORTH

It was a trip from the land-of-plenty to the land-of-less; from the lush green forest country of the fertile south to the dry, scrubland savannas of northwest Ghana. As the Holy Family Hospital Volkswagen bus bounced along the dirt road which (mapwise) paralleled the Black Volta River, the scenery was as identical at 4:00 p.m. as it had been at 10:00 a.m. —dusty rolling plains, scrubby brush, dwarfed trees, occasional fields of mounded millet stalks, stripped from the harvest and thirstily awaiting the rains. It was the height of the eight-month dry season; the ground was caked and fissured. Red dust filled the nostrils and settled as a fine film over everyone and everything. The scattered clusters of round mud houses with conical thatched roofs reflected the poverty of the region, so different from the relative prosperity of the cocoa region of Brong-Ahafo which we had left that morning. There even the smallest of the compact villages boasted of some shops and/or mammy traders with merchandise, and at least a few lorries and taxies.

Our destination was the hospital in Jirapa operated by the Franciscan Missionaries of Mary. Sister Rosemary wanted to observe the midwifery school in preparation for beginning our own midwifery program in Berekum. As the trip had shaped up quickly, there was no time for a letter to announce our arrival. Although only a few hundred miles away, a letter would take several days, and a telegram probably just a little less. We hoped to telephone ahead, but after an hour or so on the Northwest road we sheepishly realized the telephone poles had disappeared. They reappeared several hours later, approaching the town of Wa. But by that time it was after sundown, and the postoffice (from where we could call) was closed. So we pushed our way, unannounced, up the darkening road as far as Lawra and about 9:00 p.m. turned off on the side road (Class III, "passable except in rainy season": Shell Map) leading to Jirapa. We drove seemingly endless miles until we saw a light in the distance, a school and convent of the Franciscan Missionaries of Mary just a few miles shy of the hospital. The Sisters received us warmly, just as if it were a normal thing to have three weary red-skinned Medical Mission Sisters and a driver arrive unannounced. Cots were

FKS

pulled out and set up in the parlor and mosquito nets hastily hung while all the Sisters insisted there was "plenty of room," although we were not at all sure that some of them were not sleeping on the floor that night to give us the cots.

In this far-away hospital, the Franciscan Missionaries of Mary do a wonderful work of caring for the sick and training the young girls of the Dagarte tribe as nurses and midwives. At the convent school, some 65 young girls are receiving a secondary school education, a singular achievement when one realizes that they are "lost" to the family for the all important women's work on the farm and in the home. How much this training means to this section of the country where literacy is so low, and where educated women can have such a powerful influence for good. Sister Rosemary discussed many points about her planned program with the Sisters, we all had a good look around and then it was time to go back home.

The return trip was like a re-wind on a long film: same dust . . . same savanna . . . same millet acres . . . same scattered groups of poorly clad, shyly-smiling, waving villagers. There was lots of time to reflect on what the absence of water means to a land, affecting the health, economy, cultural development of a people. I remembered the old Arab proverb: "All sunshine makes a desert."

There was further occasion to reflect on water when, after giving a gentle sigh, the lorry broke down. Kwasi, our driver, tinkered with the motor and coaxed it to run for a few miles. But this was achieved by "cool compressing" the engine with our precious supply of drinking water. After successive stops and starts, with the thermos supply diminishing, Kwasi urged us to leave him behind to fix the lorry, and to try to go on to Damongo where we could spend the night. Only two other trucks had passed us all day, and he was afraid we might be stranded on this open stretch of road, far from any shelter.

We were fortunate in getting a ride in a large Workers Brigade lorry bound for Damongo. As we bounced along, on a plank in the rear, with our feet propped up on a pile of yams, the men explained to us that they were on an inspection tour of the Workers Brigade camps in the north. These camps, set up by the government, are attempting to give employment to the youth, introduce new methods and improve the farm economy of the area. In this northwest section the principal crops are millet, yams and peanuts. Throughout the north, attempts are being made to improve the economy, but it is a desperately difficult job in such a desert area. Drilling teams working to give artesian wells throughout the north are an important, rather recent venture. Enroute to Damongo, we passed the camp of one such team. This one was being operated by "the Russians."

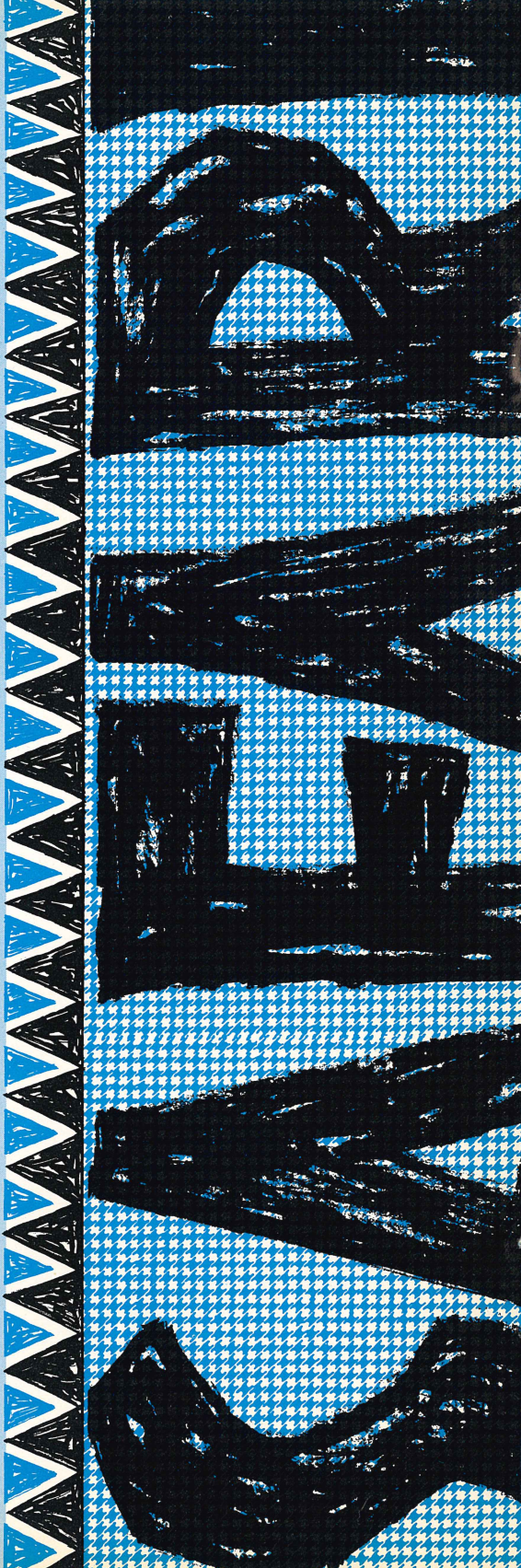
Next morning, our good fortune held out as we got an "express" lorry going directly to Techiman. Transports leave Damongo for the south only on certain days of the week, and the usual route involves changing lorries two or three times. But this was a Thursday and the lorry was headed for the famous Techiman Friday market. There would be no need to change lorries today.

We stopped at several villages, enroute, to pick up an impressive load of small bush animals. They had been killed by hunters in the savanna lands and preserved by the age-old method of slow drying over an open fire. By mid-day we had a full load, and looking over my shoulder I saw we were eye-level with the little furry beasts piled high on the plank flooring behind us. As long as the lorry was moving (with the wind away from us) we did not mind the little fellows except when occasionally our veils caught in their claws.

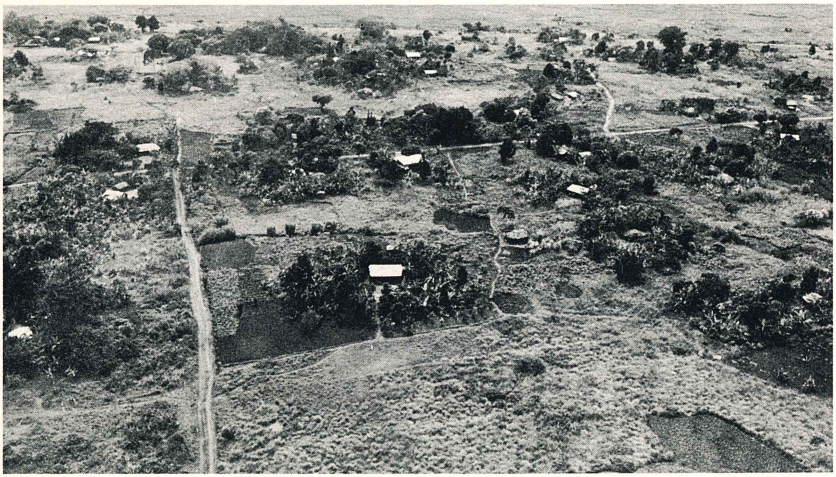
Piled in behind the cargo were dozens of passengers chatting together and eagerly planning their next day's market activities. Some were going to the Techiman market for supplies of matches, soap, cigarettes, cloths, etc., which they would re-sell in the northern villages. Others would sell dried meat, for a far better price than they could get for it in the north. I reflected, though, that the poor people of the north needed the protein even more than the ones who would be buying it in the Techiman market next day.

This market trip was an insight into the nation's changing economy, the flow of trade and labor from the north to the south. Many of the men go south to work as laborers in the cocoa farms. The long-horned, humped cattle go south to market, often walking hundreds of miles. Our lorry load of dried bush animals was a small scale attempt to bring money into the north where even today, in certain remote places, cowrie (sea) shells are used for buying and selling.

The Government of Ghana is concerned about the north, the most economically depressed part of the country. Long range plans are proposed for improving it, especially irrigation. As these progress, side by side with education, the future of this area will be as bright as the north's glaring harmattan sun.



In my first glimpse of Uganda from the window of the plane, I saw small thatched homes peppered across the countryside. It struck me how different this was from Ghana where the houses are closely clumped together into villages. Here they are so spread out and the villages seem fewer.



Most mornings the Sisters and staff at Holy Family Hospital, Fort Portal, take turns packing the Landrover with supplies and medicines, and going on one of ten scheduled "medical safaris" to outlying districts. These "safaris" are well suited to meeting the medical need of this spread out population. No wonder they are such an important part of our work here.

Not long after my arrival, I went with the Sisters on safari to Bwamba. Bwamba is about 50 miles away across the Ruwenzori Mountains in a valley not too far from the Congo border. About 65,000 people of the Baamba tribe live there. Ours is the only medical service available to them. It was a long ride over hairpin curves on the edge of steep open ledges. Every time we neared a blind curve I prayed no car would be coming the other way. We did meet two cars on the trip, but thanks be to God, at advantageous points. Both times I instinctively inhaled.

The dirt road wound round and round the "Mountains of the Moon." They are just like the mountains I used to build by the seashore as a child, with paths carved into the edge spiraling up to the top. The scenery was breathtaking. I think I can safely say, I have never seen its like!—deep valleys, all shades of greens and blues, and here and there a vermillion "flame of the forest" tree. Every once in a while we passed a few wattle homes. Some of them are round, some square. We shared the road with several herds of longhorned cattle.

The road began to descend and we finally arrived in the valley of Bwamba at the mission where the clinic was to be set up. The people were waiting already and some youngsters announced our arrival by drum.

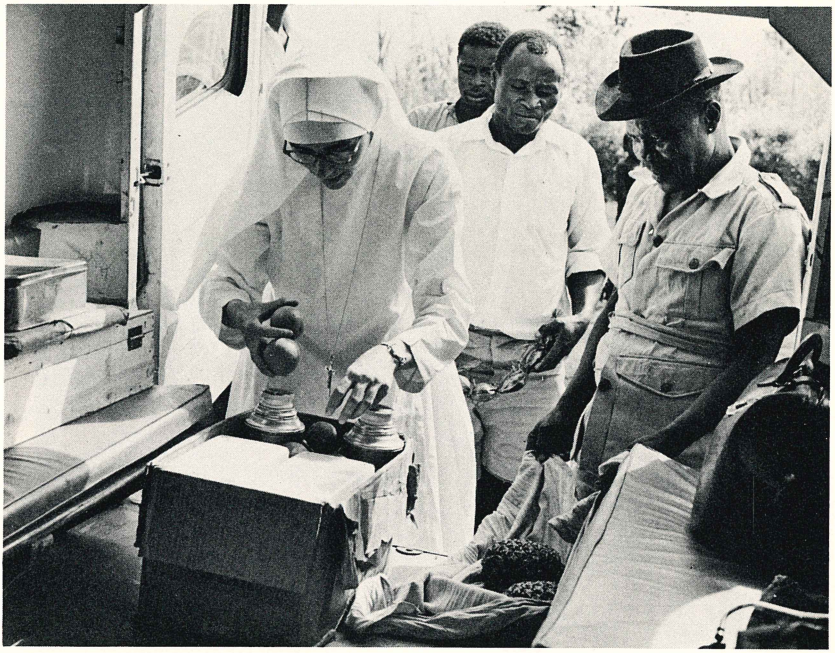
We unpacked and set up the clinic, curtaining off the small building with sheets into examining, obstetrics, waiting and treating areas. Father let us use his own cot for an examining table, and we were ready to go! The people mobbed the registration desk. We tried to get them into some semblance of a line because it was so hot waiting outside, and the polite ones kept losing ground. But the effort was in vain. They are just not used to lines.

It was noisy and smelly as all get out, with the babies waiting, the heat, the crowds and what not. I loved every minute of it and was so grateful to be there in that crowd. Several were so sick they couldn't stand. We had to watch where we walked.

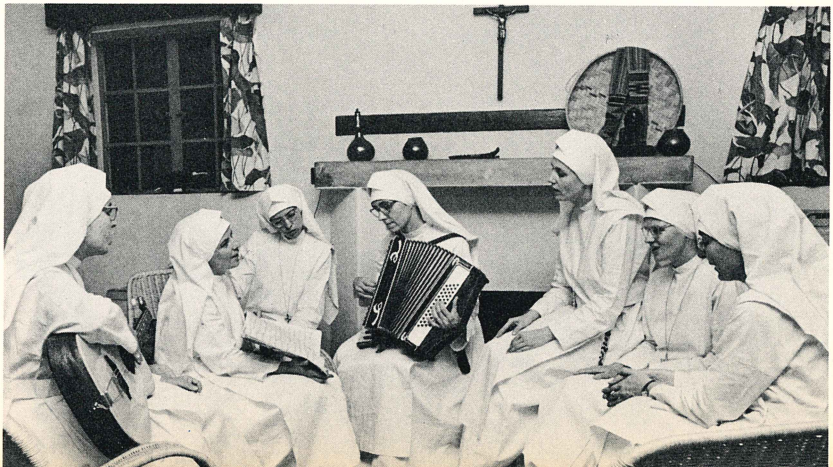
My job was to sort out the maternity patients from the medical and usher the former to Sister Marie Sarto, the nurse-midwife, and the latter to the little section where Sister M. Gregory, M.D., was examining. This I managed to do with the help of the information on the admission tickets. I gave the patients a few laughs at my demonstrative antics in the process. Being a visitor, I couldn't speak the language. This was no small sorrow, since it meant I had to disappoint several people who asked me questions, confident that because I was a Sister, I could answer them.

From Sister Gregory, M.D., the patients went to the treatment room where Alba Camargo was dispensing and injecting. Miss Camargo, R.N., is one of four members of the Women Volunteers Association (Washington, D.C.) who work with us in Uganda. The chief of the place, his sister and one of his wives were among our patients.

The term for a doctor here is "Omofumo." Sister M. Gregory, our "Omofumo," saw 119 patients that day. We repacked the Landrover. Sister M. Gregory put a few pineapples and other "thank you" gifts in the back and the people waved us off. It was a quiet, tired team that drove home that evening in the rain. I kept thinking of some of the patients I had seen: one old lady with an unbelievably large cancerous growth on her foot, bloody from much walking upon it, a couple of tetanus babies and some others. I wish we could have brought more of them back to the hospital. But the tetanus babies were too far gone and so was the lady with the cancer. With time they will learn to come before it is too late.



That evening at recreation, we sang our lungs out. Without saying a word we felt the need to express the joy that was in us because we were here in Uganda among "our" people, and because we knew we were of service.



New Lease on Life

by Sister M. Francis, M.D.

Sister M. Francis Webster, M.D.,
medical officer at the Kokofu Leprosarium,
directs a Government leprosy program
which covers about one-third of Ghana
and includes an estimated 10,000 leprosy patients.
Her own files actually number 3,000 men,
women and children, scattered in the
villages and hidden bush settlements
of the Ashanti and Brong-Ahafo Regions.
Reaching them means long and tedious treks,
for days at a time,
over rough and rutty roads,
but reaching them is the core
of the Ghana Leprosy Program.
Since 1957 the Medical Mission Sisters
have been a vital part of the
Government effort to ferret out
the disease and treat its victims.
At the Kokofu Leprosarium,
only lepromatous patients in the infectious stage
are admitted, as it is an institution
for the treatment of the disease,
not a place of custodial care.
Now, after five and six years
of continuous treatment, patients are being
discharged free from all symptoms of the disease.
The Sisters see their role as one
of preventing and arresting leprosy,
returning people to normal society with a
new lease on life.

Sister M. Francis, M.D. alongside map of her trek routes. These treks cover about one third of Ghana.

When a classification is made of the diseases found here in Africa, in the order of prevalence, leprosy comes midway down the page. But whenever anyone simply lists Africa's tropical diseases, in general, leprosy always appears among the first named. To those who know, this might seem an overemphasis on a disease which is only mildly contagious, seldom if ever fatal and afflicts a rather small percentage of the total population.

The importance of leprosy, however, lies not in numbers but in the fact of its severe crippling effect. Rarely does it kill but, rather, renders its victim unable to earn a living, often unable to care for himself, and sometimes, in addition, very repulsive in appearance. Consequently in all Public Health Programs, leprosy treatment occupies an important place.

Ghana has one of the finest leprosy treatment systems in operation anywhere. Beginning with the establishment of a Leprosarium in 1950, the work expanded immediately into out-patient treatment in large clinics centrally located. In 1957 mobile treatment circuits which carry treatment to the people in their own villages were begun. Then in 1963 another step was taken in the surveying of the country to determine the present incidence of the disease. This survey possibly is even more important, because by means of it, very early cases are uncovered and brought under treatment.

In March of 1957, the first fleet of landrovers provided by UNICEF arrived here in Ghana, and mobile circuits were started. The vehicle stops in villages and treatment is given at a suitable place—very often in a simple structure of mud blocks and grass roof which is adequate to protect the patients from rain and sun. As far as possible a time-schedule is strictly adhered to so that the patients can know when to expect the landrover and the loss of time is kept to a minimum. Each vehicle makes its round of villages weekly. The wisdom of such a service is evident in the excellent attendance rate of the patients.

When the landrovers began service six years ago, the villages on the main roads were the first to have treatment. Gradually the mobile treatment was pushed further and further into the bush as roads were improved. Now there are few areas where the patients cannot receive treatment, if not in their own villages, at least in one within three to five miles distance.

The use of the mobile circuit has been especially advantageous in getting the children under treatment and in encouraging patients to report for treatment at a time when the signs of the disease are minimal. It requires an unusual person to report weekly to swallow a few pills for a small spot on the skin that does not hurt or give any trouble, if it means a long expensive journey to a treatment center. But if it simply means walking up to a car in the village at a certain time on a certain day, most people will cooperate.

Cooperation in the early stages of the disease is extremely important to prevent severe crippling later on. The aim of the Leprosy Service is not only to cure the disease, but to provide a cure which leaves the patient in good physical condition without notable deformity and able to take his place as a contributing member of his society.

† R.i.p.

Please pray for our deceased benefactors:

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SERVICE

Service bends to the needs of another . . .

bends to the hour of summons, day or night, night or day . . .

bends to the shape each need presents.

Service is pure response—to a small bell, a river call, a grimace of pain.

It is the tool to win men's hearts.

Service is the missionary's treasure.

I met AMAHL

by Sister M. Philip

My story is a direct steal from Gian-Carlo Menotti's opera: "Amahl and the Night Visitors." Or perhaps, Menotti's tale was taken from mine. Every Christmas, I listen in wonder as a little shepherd boy, lame from birth and cured by the Christ Child, sings out the miracle of God's loving kindness. To me, it was only a story until one day, I saw Amahl go dancing down a village street deep in the heart of Africa. His real name was Cypriano. But I am ahead of my story.

It happened last year. A caravan, not of camels but a modern Bedford van, started out on one of its 100 mile journeys into the mountain villages of Uganda. Its destination was Kasanga. A star was not needed to announce its arrival, for catechists had told the people some weeks before. For the first time, ". . . a real doctor and real nurses are coming to take care of our sick people." Over three hundred people were on hand to greet the van. One small boy, wide-eyed, went off to tell his mother. "Mother, come and see. They are here. They have come in a big 'motoka' (draped clothing) and two of them are white!" The "two" were Sister M. Gregory, M.D., and I.

As we unloaded our van, the young lad's eyes followed us closely. We took out three big boxes. "What is in these?" he asked. I smiled. "In the first box we keep our medicines — medicines for fever, medicines for coughing, medicines for stomach pain, and other medicines too. In this second box we keep the things the doctor and nurses need: instruments, basins, sterile packs, sheets, etc. And in this third box, my friend, in the third box we keep our lunch!"

We unpacked our equipment and set to work registering patients and taking histories. Our headquarters consisted of a very special three room mud house which boasted a tin roof. As Sister-doctor finished each patient, he and his chart were brought to our combination pharmacy and treatment room where medicines (tablets, liquids, drugs, ointments, etc.) were dispensed and injections, treatment and instructions given —all as the physician had ordered.

All day long, there were about nine heads in every window and the room was always full. The older children reassured the younger ones. "Don't be afraid. They won't hurt you." About mid-morning my little friend came and I looked at him more closely. His left leg was turned at a right angle to his right

one and was contracted, so that it was impossible for him to straighten up. He walked by lifting his left leg with his hands and putting it in front of the right one. He would then swing the right one up close and begin again.

"And what is your name, little boy?" "Cypriano." "How old are you?" "Six." "And what do you do?" (Even the smallest children have their chores.) "I take care of the sheep. We have many sheep." His father was also a teacher.

When doctor saw him she said, that if the family would agree, his leg could probably be fixed, but he would have to come to the hospital. What a decision! One hundred miles away, among people of a different tribe, to a hospital—whatever that was! It took a lot of faith, human and divine. The father said, "Yes."

After the 206th patient was seen, we climbed back into our van. The people brought us gifts—pineapples, bananas, eggs, and thanked us again and again. We told them we would return regularly. There wasn't much room in the van, for we had other seriously ill patients. Cypriano sat on my lap where he could look out the front of the van. His mother, with little Tereza, sat next to me. They had never been in a car before, but they weren't afraid. It was getting dark as we drove through the hills and the van lights were a real fascination for Cypriano. We had deep discussions as to whether "it" was a hillside fire or another car. Finally he fell fast asleep.

A few days later Sister Gregory, M.D., did surgery, straightened the leg and set it in a cast. At Christmas, Cypriano went home, cast and all, for a visit. He returned a few weeks later, this time by himself. His mother's parting words were short but to the point: "Do as you are told and be good."

After some time, the casts were removed and the long battle began. Sister-doctor worked every day with Cypriano

and we all encouraged him. Soon he was walking on the verandas with the use of a stick.

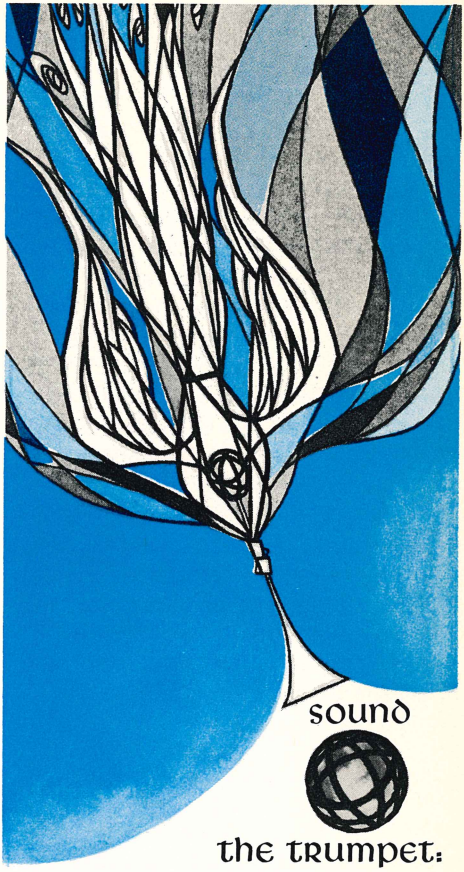
Whenever we have long term orthopedic patients from the younger set, they eventually explore the whole hospital. Our young friend was no different. He visited the pharmacy and watched my two assistants at work. One day he invited himself in and asked to help. We arranged a hand basin next to a bench and gave him a supply of bottles to wash. He washed every empty bottle in the pharmacy and we had to try to find more work for him to do. We taught him to count high enough to pre-package the tablets we send on safari. He was happiest when he knew he was helping to prepare for the safari to his own Kasanga. He was delighted to be one of the staff.

One morning Sister Jude Marie, R.N., came on duty early and caught Cypriano sneaking out of the ward. "Where are you going, Cypriano?" she asked. "To work!" he said proudly and headed toward the pharmacy.

Slowly Cypriano gained strength and confidence and his walking improved. The first English word he learned, and I suppose will never forget, was "STRAIGHT." "Straight, Cypriano," came from every side and he knew well the meaning—straighten up his back and put one foot in front of the other.

The March day Cypriano went home was a great one. When we arrived in Kasanga for the safari clinic, he climbed out of the van and the people cheered. They could hardly believe their eyes. Cypriano greeted them all with his winning smile. "Look, I can walk!" "I can run!" "I can dance!" "Thanks be to God!"

An abandoned walking stick is all we have left. This simple gift means an awful lot to us.



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PHILADELPHIA

Worldmission Award

Dr. William C. Caccamise, M.D., of Rochester, New York, received the 1964 WORLDMISSION AWARD during the opening day activities of the 15th annual meeting of the Mission Secretariat in Washington, D.C. The award, given each year to a lay person who has contributed outstanding and distinguished service to the Catholic missions, was presented by Mother M. Benedict.

Dr. Caccamise's award came in recognition of his work among the poor of India stricken by blindness and the many eye diseases of children. Periodically, the doctor takes a three month leave of absence from his Rochester practice, where he is attending eye-surgeon at St. Mary's and the Rochester Medical School Hospitals, to go to Holy Family Hospital in Patna, India. There, with the assistance of the Medical Mission Sisters who direct and staff the hospital, he conducts an out-patient clinic at his own expense. On his last visit in 1964, he examined an average of a hundred patients and performed ten operations a day over a three-month period. In that time, Dr. Caccamise treated over 4500 out-patients, 700 in-patients and performed more than 650 operations, all without cost to the patients, the drugs for these services being donated by United States drug companies.

With the assistance of the Rochester Eye Bank, Dr. Caccamise was among the first to perform a corneal transplant in Patna. The Bank flew two eyes 9800 miles to Patna at his request. After training the Sisters, all doctors and nurses, in the operating techniques, he successfully restored sight to two persons. Since then, he has performed twenty more corneal transplants, the Rochester Eye Bank providing the corneas. His ambition now is to set up an eye bank in the area.

Mother M. Benedict presents Dr. William Caccamise with the Worldmission Award.

Dr. Caccamise received his medical degree from the Rochester University Medical School in 1946. After three years post-graduate study in Ophthalmology at Northwestern, he worked two years at the renowned Cleveland Clinic and another year at the Illinois Eye Infirmary before setting up his practice in Rochester.

One of his great interests in India is to forward programs, with the help of the Medical Mission Sisters, to vaccinate children against smallpox. This will reduce the scourge of blindness consequent to the disease. He is also encouraging a clean-up program in villages, where he found 60% of the people were infected with trachoma, a disease caused by a virus that thrives in dirt. Doctor finds his work in India one of the greatest experiences of his life.

ATLANTA

A New Venture

September 13th marked the formal dedication ceremony of the newly constructed Holy Family Hospital at the beautiful, 90-acre hospital site in southwest Atlanta. The Honorable Ivan Allen, Jr., Mayor of Atlanta, officially welcomed the Sisters and his Excellency, the Most Reverend Paul J. Hallinan, Archbishop of Atlanta, gave the principal address. To the 4000 people present for the dedication, the Archbishop explained the dual community role of the Catholic hospital:

"But a Catholic hospital has today another role that looks beyond that of the ministry of healing. This is the ministry of good will. Long before the Ecumenical Movement began to move, the South was being dotted with dozens

of Catholic hospitals. Most of them began, as did our own, on a shoestring, but the string was a bond of unity in mercy. Blending compassion and skill, the Sisters won the hearts of many who had seldom seen a whole live Catholic before, much less talked to one. They did more than represent the Church. To thousands of our faith, they were the Church. They did not argue, nor preach, nor intrude, nor (that ugly word) proselytize. They simply lived a special life, close to God, and served their fellow man."

The new hospital is the 38th medical institution to be opened by the Sisters in countries around the world.

VENEZUELA

Wanted: More Priests

Recently, we took a trip to San Cristobal. They have a beautiful new Seminary there and we visited it. The Canadian Eudist Fathers are in charge. The shortage of priests in Venezuela is really pathetic. Pray hard for vocations to the priesthood. The diocese of Maturin (the one Caripito is in) has 12 priests in parish work and the only Venezuelan is the Bishop!

Sister M. Gabriel
Holy Family Hospital, Caripito

UGANDA

Vow Day

The Feast of the Assumption was a big day for all of us. It rained heavily from the time we got up until about 9:30 a.m., but then the sun came out brightly for the remainder of the day. Sister M. Amata and Sister M. Eugene renewed their vows at 6:00 a.m. Mass in our chapel and a feastday breakfast followed. The remainder of the community received Holy Communion at the Pontifical Mass in the Cathedral, where Sister Jude Marie was to make her Perpetual Vows. The church was crowded. Mass was delayed for half an hour to permit those who would start for Mass after the rains to be in time. His Lordship requested one of the Deacons from the seminary to direct the Bannytereza Choir who sang the Mass. They had several long arduous practices and sang the Mass very well. As Sister entered the Cathedral the Choir sang "Jesu Coronum Virginum" in the vernacular. The Bannytereza Sisters had outdone themselves in preparing the altar and it was indeed festive. It is the custom on the Feast of the Assumption to have a procession to the Statue of Our Lady in front of Administration Block after the High Mass. Following the procession Sister was the recipient of congratulations from the congregation. We invited three White Sisters, two Bannytereza Sisters and two Ladies of Mary to Benediction at 4:30 p.m. in our chapel followed by a tea in Sister's honor.

Sister M. deMontfort
Holy Family Hospital, Fort Portal

BOMBAY

Eucharistic Congress

A group of 40 Medical Mission Sisters were on hand for the 38th International Eucharistic Congress in Bombay. Mother Anna Dengel came from Rome and Mother M. Benedict from Philadelphia, for the important event. Sister M. Thomas Lucy, Superior and Administra-

tor of Holy Family Hospital, Mandar, took part in a special symposium which treated the subject, "The Nun in the Missionary Church." She spoke on behalf of Sisters engaged in medical work.

At the Catholic Hospital Association Convention held at the same time in Bombay, Mother M. Benedict was asked to give a paper on "The Health of Religious."

PAKISTAN

It Sounds Like This

Here it is—the promised land at last! When we came upon Karachi from the sky, I felt like putting my arms about it. I am overjoyed to have finally arrived at my port of call, Holy Family Hospital, Karachi.

I'm finding the *sounds* intriguing. There are so many: from the rear of the building comes the constant hum of a nearby market; from the front, the bustle of traffic on Soldier Bazaar road, which includes everything from cars and motor rickshaws to horse-drawn carts and carriages. I'm already able to tell a donkey cart from a camel cart simply from the sound of the animal's bell. The rapid jingling of the donkey's little bell is easily distinguishable from the slow, stately clang of the camel's. In addition to these sounds, the day is continually punctured by the cawing of crows and the Muslim call to prayer from nearby mosques. I still jump at night when I hear the roar of a lion—until I remember there is a zoo nearby!

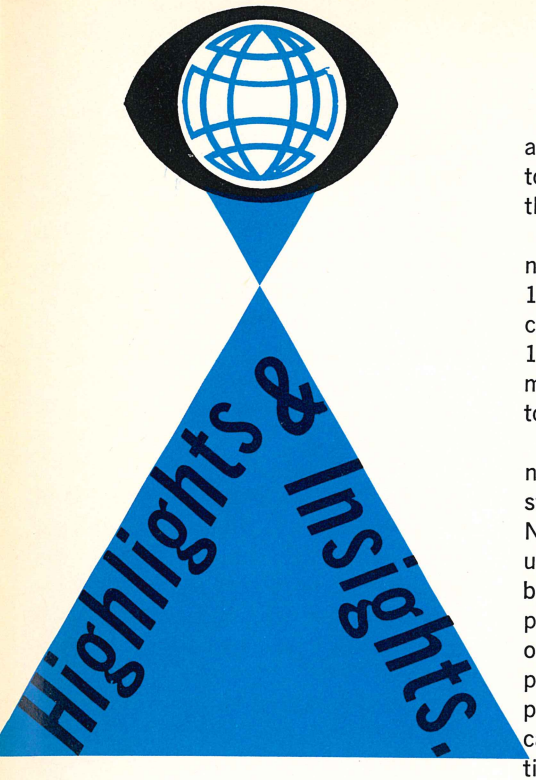
Traffic on Soldier Bazaar Road

Sister M. Austin, M.D.
Holy Family Hospital, Karachi

KENYA

Ready Or Not, Here I Come!

Holy Family Hospital, Nangina, Kenya, marks the end of its first year of operation this December. Sisters from our English house staff the hospital and have had a busy year getting set up in a very remote and primitive area. The operating room was almost forced into readiness one day with the arrival of Gertrude. On examination, Sister doctor decided that if Gertrude's baby was to be born alive, an immediate Caesarean section would be necessary. Everyone helped . . . even the Mill Hill Brother, who works for the Sisters. He finished putting the last window in its frame while Gertrude was being wheeled into the operating theater. Soon, a fine little girl was delivered and a short time later, mother and baby were ready to go home. It seems more than fitting that the first major operation in Nangina should save the life of a mother and baby, since the hospital is in an area where infant and maternal mortality rates are amazingly high. Malaria, blackwater fever, smallpox, tuberculosis and pneumonia also claim hundreds of victims each year. There is no question that the hospital is filling a great need.



"Eighty per cent of India's 450,000,000 inhabitants live in 500,000 villages. To provide adequate medical facilities for the people in the village is a stupendous task bedeviled by many problems.

"The biggest problem," Dr. K. M. Lal, Associate Director in the Ministry of Health, told MEDICAL TRIBUNE, "is shortage of doctors. According to the 1961 census, the doctor-population ratio in India is 1 to 6,000. What is worse is the concentration of doctors in cities and towns. Only 23 per cent of India's 75,000 doctors are serving in rural areas."

Why are the doctors reluctant to go to these dispensaries?

In interview after interview, the three things that were emphasized were: lack of educational facilities for the children, lack of even the simplest laboratory facilities, and unattractive remuneration.

The Ministry of Health is set on an ambitious program of producing doctors in ever-increasing numbers to meet the rural needs.

The Government has opened a large number of medical schools in the last 15 years. In 1946, there were 16 medical schools, today, there are 79; by 1967, the number will reach 100. Admissions went up from 1,200 in 1946 to 6,400 in 1963.

The dimensions of India's medical needs are staggering. There is a constant cry for more and more doctors. New medical colleges continue to come up, but the inadequacy of teachers is by far the greatest handicap in the expansion program. India must find ways of insuring a steady stream of teaching personnel of the highest quality. At present the All India Institute of Medical Sciences is fully living up to expectations in providing first-rate teachers."

MEDICAL TRIBUNE
August 15, 1964

"Pope Paul has expressed great satisfaction at the plan to have St. John's Medical College and Hospital, Bangalore, as the chief Memorial of the 38th International Eucharistic Congress.

In a message to Cardinal Gracias the Pope writes: "A Eucharistic Congress is a most important event in any nation for it serves to give the faithful a keener appreciation of their faith and it is an encouragement to greater devotion and more dedicated loyalty. Beloved Son, you have planned a memorial which will serve as a constant reminder to the faithful of the purposes of the Eucharistic Congress and at the same time it will prepare trained personnel to care for the sick. Indeed this memorial will be a lasting proof of the spirit of charity which motivates the children of God

and which is the central theme of the Eucharistic Congress."

THE HERALD, Calcutta
August 7, 1964

"It will no doubt be correct to expect the inculcation of a new attitude among Catholics: that it is a part of the Gospel message, not only to save one's own soul, but also to care about one's brothers who do not eat and about the social arrangements which help to determine who shall eat what. To love God is to love what is real and today the reality of human life includes political and social issues which no man of conscience can avoid, however much he differs from his fellows in his response to them."

Michael Novak, CATHOLIC REPORTER
September 11, 1964

"At the present time, two-fifths of the world's adult population are illiterate. It is estimated that in the 1950's, 700 million adults were unable to read or write. In geographical terms the main areas of illiteracy are easy to define. They are the under-developed areas. Furthermore, illiteracy is but one aspect, like such problems as hunger and disease, of the over-all problem of underdevelopment. Finally, it is women who form the majority of the illiterate. It is not a pretty picture but one which we must have the courage to face."

Rene Maheu, Director-General of
UNESCO, THE SHIELD, Oct.-Nov., '64

"Before speaking, it is necessary to listen not only to a man's voice but to his heart. A man must first be understood; and, where he merits it, agreed with. In the very act of trying to make ourselves pastors, fathers and teachers of men, we must make ourselves their brothers. The spirit of dialogue is friendship and, even more, is service. All this we must remember and strive to put into practice according to the example and commandment that Christ left to us."

"ECCLESIAM SUAM," Pope Paul VI

Pope Paul VI spoke recently to a group of visiting doctors, telling them that their concern is with the whole man, body and soul, and commenting on the lively interest the Church shows in the development of medical science.

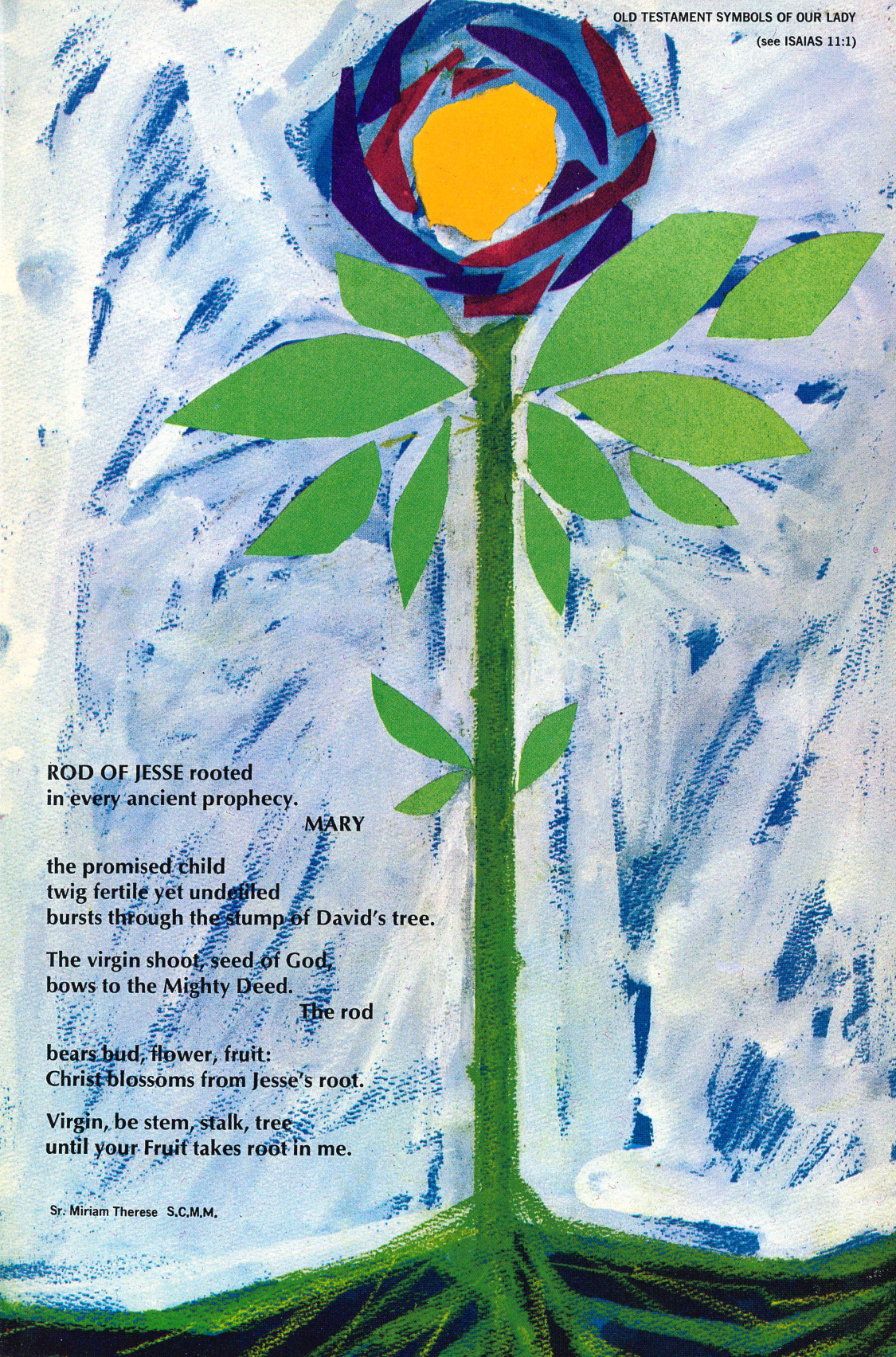
"This interest on the part of a spiritual organism (the Church) for the material field in which medicine is applied might at first seem strange.

"One might even be tempted to draw a line and accept, for instance, a formula such as this: 'To doctors the body, to a priest the soul.' But this oversimplified view would not harmonize with the deep reality of things.

"Man is one. Distinctions must be made, of course, but what God has joined together cannot be sundered. The doctor who looks after the body cannot help taking into account moral and psychological factors in the patient, just as the Church, in caring for the souls of her sons, cannot ignore their physical and bodily condition.

"Your art, your science, does not have diseases as its object, but rather the diseased. It is the whole human composite that benefits from your scientific knowledge and your practical abilities."

Pope Paul VI to the Seventh Congress
of the Latin Medical Union.



ROD OF JESSE rooted
in every ancient prophecy.
MARY

the promised child
twig fertile yet undefiled
bursts through the stump of David's tree.

The virgin shoot, seed of God,
bows to the Mighty Deed.
The rod

bears bud, flower, fruit:
Christ blossoms from Jesse's root.

Virgin, be stem, stalk, tree
until your Fruit takes root in me.

Sr. Miriam Therese S.C.M.M.

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